

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021062

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5439

VS 300
Rev. 4/59

1

29/20/72

3

4

5

6

7

8

9

10

11

12

13

52

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF MEDICAL CERTIFICATION

FILED JUN 7 1962

1. PLACE OF DEATH
a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **ST. LOUIS, MISSOURI** Length of stay in lb **8 Days**

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **BARNES HOSPITAL** Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Ill.** b. COUNTY **Cass**

c. CITY OR TOWN **Virginia** Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
ARTHUR L. SWEATMAN

4. DATE OF DEATH Month Day Year
MAY 28 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
6-18-1903

9. AGE (last birthday)
58

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Gen. Farming

11. BIRTHPLACE (City and state or country)
Cass County, Ill.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Frank Sweatman

13b. MOTHER'S MAIDEN NAME
Elizabeth Caldwell

14. NAME OF HUSBAND OR WIFE
Hazel Dour Sweatman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
[REDACTED]

17. INFORMANT Address
Hazel Sweatman Virginia, Ill

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **/Diffuse hemorrhagic colitis**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) **Burns 2nd & 3rd degree, 35%**
DUE TO (c) **9/6.1-13**

INTERVAL BETWEEN ONSET AND DEATH
3 da.
32 da.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
PATIENT INJURED WHEN TRACTOR BLEW UP ON HIS FARM

20c. TIME OF INJURY Hour a.m. Month, Day, Year
10:30 # 4/26/62

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
FARM

20f. CITY, TOWN, OR LOCATION COUNTY STATE
VIRGINIA ILLINOIS

21. I attended the deceased from **MAY 20, 1962** to **MAY 28, 1962** and last saw her him alive on **MAY 28, 1962**
Death occurred at **3:10 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
[Signature] M.D.

22b. ADDRESS **BARNES HOSPITAL** 22c. DATE SIGNED **5/30/62**

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
May 31, 1962

23c. NAME OF CEMETERY OR CREMATORY
Walnut Ridge Cemetery

23d. LOCATION (City, town, or county) (State)
Virginia Illinois

24. FUNERAL DIRECTOR
Massie Funeral Home Virginia, Ill

25. DATE RECD. BY LOCAL REG.
MAY 31 1962

26. REGISTRAR'S SIGNATURE
[Signature] M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank Prokopff

Licensed Embalmer No. 4356

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.